

## DECLARATION

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "Protective screen for the screening off of a suction space" the specification of which ☒ is attached hereto or ☐ was filed on \_\_\_\_\_ as Application No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).


I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

### Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
Europe	04405055.7	January 29, 2004	YES

Full Name of Inventor 1:	Last Name: <b>KIELBOWICZ</b>	First Name: <b>Stanislaw</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>Wädenswil</b>	State/Foreign Country: <b>Switzerland</b>	Country of Citizenship: <b>Poland</b>	
Post Office Address:	Post Office Address: <b>Muslistrasse 10</b>	City: <b>Wädenswil</b>	State/Country: <b>CH</b>	Postal Code: <b>8820</b>
Full Name of Inventor 2:	Last Name:	First Name:	Middle Name or Initial:	
Residence & Citizenship:	City:	State/Foreign Country:	Country of Citizenship:	
Post Office Address:	Post Office Address:	City:	State/Country:	Postal Code:
Full Name of Inventor 3:	Last Name:	First Name:	Middle Name or Initial:	
Residence & Citizenship:	City:	State/Foreign Country:	Country of Citizenship:	
Post Office Address:	Post Office Address:	City:	State/Country:	Postal Code:

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1 Stanislaw KIELBOWICZ  Date <b>12.02.2004</b>	Signature of Inventor 2 _____ Date	Signature of Inventor 3 _____ Date
------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------	------------------------------------------

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	Unassigned
	<b>Filing Date</b>	Herewith
	<b>First Named Inventor</b>	Stanislaw KIELBOWICZ
	<b>Title</b>	Protective screen for the screening off of a suction space
	<b>Group Art Unit</b>	Unassigned
	<b>Examiner Name</b>	Unassigned
	<b>Attorney Docket Number</b>	015258-062800US

I hereby appoint:

☒ Practitioners at Customer Number  → \*20350\*  
20350  
PATENT TRADEMARK OFFICE

**OR**

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

**OR**

☐ Practitioners at Customer Number  →

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone		Fax			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	CCI AG
Signature	<i>per U. Thumme</i> <i>J. Rodman</i>
Date	2/12/2004 2/12/2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 form(s) are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

SF 1439915 v1

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: CCI AGApplication No./Patent No.: Unassigned Filed/Issue Date: HerewithEntitled: Protective screen for the screening off of a suction space

CCI AG, a Swiss company  
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
 The extent (by, percentage) of its ownership interest is \_\_\_\_ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_, Frame \_\_\_\_, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: To :  
 The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_, Frame \_\_\_\_, or for which a copy thereof is attached.

2. From: To :  
 The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_, Frame \_\_\_\_, or for which a copy thereof is attached.

3. From: To :  
 The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_, Frame \_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☒ Copies of assignments or other documents in the chain of title are attached.

**[NOTE:** A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

2/12/2004  
 Date

CCI AG  
 Typed or printed name  
[Signature]  
 Signature  
Manager Director  
 Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.